# THE COMMONWEALTH OF MASSACHUSETTS ALCOHOLIC BEVERAGES CONTROL COMMISSION

# Application for Alcoholic Beverage License for Retail Sale

City/Town:		
( ) New License ( ) Transfer of License ( ) Transfer of Stock	( ) New Officer/Di ( ) Other (Specif	
Name to appear on the license		
Business name (d/b/a), if dif		
Manager of Record:	retent:	
Address of Premises; Street:		FID of Licensee:
		Zip code: .
Phone number of premises: {	)	
2. Type of license: (check only	y one)	
Club General on premise Innholder	Package store Restaurant Tavern	Veterans club Other(Specify)
3. License Category:	All Alcoholic Malt only Wiñe and Malt with Cordi	Wine and MaltWine only ials Permit
4. License Class:	Annual	Seasonal
S. Person (attorney if applicat	ole) who can be contacted conc	erning this application:
Name:		
Address:		
Phone number: ( )		
6. Give a full and complete des	cription of the premises to b	e licensed, including location of all
·	:	
5a .		
Seating capacity:	Occupancy number:	
7. Applicant is an:Associat	ionCorporation	nIndividual
Partners	hipNon-profit	corporation

Full Name	Home Ad	iress			D.O.B.		CCN
	Home Ad-	1100			<i>D.</i> 0.8.		SSN
					-		
			<del></del>				
a. Is indiv	idual or are all	partners United States citis	ens?		Y	es	No
If no, s	pecify citizensh	p:					
Bb. Is indiv	idual or are all	partners involved at least	wenty-one	years old?	Y	es	No
9. If the ap	plicant is a corp	poration, complete the follow	ving:				
State of I	ncorporation:		Date of In	corporation	:		
Fiscal Year	r Ends:	Date qualified	to do bus	iness in MA	:		
9a. How many	shares of stock	are authorized?	How many	shares of	stock a	are issue	d?
	he box below the	names of all officers, direc	tors, stoc	kholders an	d manag	ger.	
Title	Full Name	Home Address		D.O.B.	SSN		Shares of stock owned or controlled
				· · · · · · · · · · · · · · · · · · ·			
			·	<del></del>			
<u> </u>					-		
:							
b. Attach a	copy of the vote	by the Board of Directors a	ppointing	a manager o	r princ	ipal rep	resentative.
		poration, answer the followi directors United States cit			:s	No	
2. Are	the majority of	directors citizens of Massa	chusetts?	Y	:s	No	
3. Is	the manager or p	rincipal representative a U.	S. citizen	?Ye	es	No	
10. If the apmembers.	oplicant is an as	sociation, provide in the bo	x below th	e names of	all as:	sociation	officers and
Title	Full Name	Home Address	<u>, , is, Who, , , ,</u>	D.O	.в.	SSN	Phone Number

2 ...

11. Will there be any constructionYesNo	ruction, remodeling, rede If yes complete a,b,c, a	corating or building on the premises for this license
a. Give an exact desc premises :	ription of the construct	ion, remodeling, redecorating or building on the
L III.		
d. State all sources o	of construction financing	J:
12. Do you own the premises?	YesNo. If yes	s, please respond to the question below.
As an individual	_Jointly	Name of Realty Trust
	Name	
Other	··	
(specify)		
ė		provide the following information about the owner.)
Name:	Phone	number: ( )
Address:		
	Ending da	month, year, etc.)  te of lease
·		ncial
13. What assets were purchase	d and cost?	
Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$
13a.	·	
Total Purchase Price: \$		
13b. Identify in the box below all	sources of financing?	
Mortgage: \$		Seller: \$
Cash: \$		Other (specify): \$
Document all sources e.g., -L	oan papers, checking acc	ounts, stock sales, etc.)
13c.		
All other terms and condition	ons:	
(provide purchase and sale o	documents)	
13d. Are you seeking approval		
,	for license to be pledg	ed?YesNo

13e. Will the	inventory be	pledged?	Yes	No		
If yes, s	specify to who	m			•	t.
13f. If a corp for any c	oration, are orporate stoc	you seeking approval k to be pledged?	Yes	Nо		
If yes, i the numbe	dentify to who	om and identify o be pledged.				
		·				
			ERSHIP INTERESTS			
14. State the peneficial or	following info financial inte	ormation for all perserest in this license	sons or entities who	o will have a	ny direct o	r indirect
Full Name	Home ac				Y	
				D.O.B.	SSN	Phone Number
			**··			
			·	į		
14a. Describe a	ll types of b	eneficial or financi	al interest each ne	reon or ontit		
14 will have in	this license	:		eson of entit	y identifie	ed in Question
Person or enti	ty Benefi	cial or financial in	nterest			
			·			<del></del>
					- · · · · · · · · · · · · · · · · · · ·	
	·		•			
14b. Does any pe	rson or entit	y listed in Question	1 14 have any direct			
interest in any Yes		granted under Chapt (If yes, provide the	LET 138?			or financial
		T		porton or en	———	
Name	Type of license	License name and a	ddress	Description	on of Taba	
				penetript (	on of Inter	es(
	<del></del>	<u></u>				

	m		
Name	Type of License	License name and address	Date ownership surrendered
			surrendered
		·	
<del></del>			
ld. Describ on-renewal,	e how all licenses surrender, etc.):	identified in Question 14c were terminated (e.g. tr	ansfer of ownership,
Date	License	Reason why the license was terminated	
No	(If yes, provide	amed in Question 14 ever had a license suspended, rethe following information)	
No	•		
No	(If yes, provide	the following information)	
No	(If yes, provide	Reason why the license was suspended, revoked	, or cancelled
No	(If yes, provide  License  person or entity na	Reason why the license was suspended, revoked in Question 14 ever been convicted of violating	, or cancelled
No Date  f. Has any litary law?	License  person or entity na  Yes	Reason why the license was suspended, revoked  imed in Question 14 ever been convicted of violating  (If yes, attach a statement of detail	, or cancelled
No Date  f. Has any litary law?	License  person or entity na  Yes  Each individual applica	Reason why the license was suspended, revoked  med in Question 14 ever been convicted of violating No (If yes, attach a statement of detail	, or cancelled
No Date  f. Has any litary law?	License  person or entity na  Yes  Each individual applica  Applications by a partn  Applications by a corpo	Reason why the license was suspended, revoked  imed in Question 14 ever been convicted of violating  (If yes, attach a statement of detail	, or cancelled  g any state, federal o
f. Has any litary law?  a. b. c.	License  person or entity na Yes  Each individual applica Applications by a partn Applications by a corpo Directors.	Reason why the license was suspended, revoked in Question 14 ever been convicted of violatingNo	, or cancelled  g any state, federal cols.)  corporations Board of
No Date  f. Has any litary law?  a. b.	License  person or entity na Yes  Each individual applica Applications by a partn Applications by a corpo Directors.	Reason why the license was suspended, revoked in Question 14 ever been convicted of violating No (If yes, attach a statement of detail ant must sign.  The resting must be signed by a majority of the partners. Pration must be signed by an officer authorized by a vote of the pociation must be signed by a majority of the members of the go	, or cancelled  g any state, federal cols.)  corporations Board of
f. Has any litary law?	License  person or entity na  Yes  Each individual applica Applications by a partn Applications by a corpo Directors. Applications by an asso must have answered qu	Reason why the license was suspended, revoked in Question 14 ever been convicted of violating No (If yes, attach a statement of detail ant must sign.  The resting must be signed by a majority of the partners. Pration must be signed by an officer authorized by a vote of the pociation must be signed by a majority of the members of the go	, or cancelled  g any state, federal of  corporations Board of  verning body. All signs
f. Has any litary law?  a. b. c. d.	License  License  person or entity na  Yes  Each individual applica  Applications by a partn  Applications by a corpo  Directors.  Applications by an asso  must have answered qu  False information or fa	Reason why the license was suspended, revoked and in Question 14 ever been convicted of violating No (If yes, attach a statement of detail ant must sign.  The restriction must be signed by a majority of the partners. The praction must be signed by an officer authorized by a vote of the position must be signed by a majority of the members of the government of the governm	, or cancelled  g any state, federal cols.)  corporations Board of verning body. All signo
f. Has any litary law?  a. b. c. d. e.	License  License  person or entity na  Yes  Each individual applica  Applications by a partn  Applications by a corpo  Directors.  Applications by an asso  must have answered qu  False information or fa	Reason why the license was suspended, revoked and in Question 14 ever been convicted of violating No (If yes, attach a statement of detail and must sign.  The restriction must be signed by a majority of the partners. The praction must be signed by an officer authorized by a vote of the pociation must be signed by a majority of the members of the government of the govern	, or cancelled  g any state, federal cols.)  corporations Board of verning body. All signo
f. Has any litary law?  a. b. c. d. e.	License  person or entity na  Yes  Each individual applica Applications by a partn Applications by a corpo Directors. Applications by an asso must have answered qu False information or fa	Reason why the license was suspended, revoked and in Question 14 ever been convicted of violating No (If yes, attach a statement of detail and must sign.  The restriction must be signed by a majority of the partners. The praction must be signed by an officer authorized by a vote of the pociation must be signed by a majority of the members of the government of the govern	, or cancelled  g any state, federal or ls.)  corporations Board of verning body. All signed see application.

#### BUILDING DEPARTMENT CLEARANCE

Date Issued
Date Expires
Senting Capacity
OTHER LICENSES
•
<del></del>

#### APPLICANTS MUST NOT FILL IN THIS SIDE **Application for COMMON VICTUALLER LICENSE and**

ALCOHOLIC BEVERAGES LICENSE
20
Application No License No
Class
Ward Prec Div
Tel. No Zip Code
Name
Address
Board's Action
GRÁNTED
REJECTED
RECONSIDERED
Date Rec'd Adv Paper
Hearing Date Time
Approved by ABCC
Fee Paid
Attorney Filing
·

Rec'd By \_\_\_\_ Fee \_\_\_\_ Receipt No. \_\_\_\_

# **RESTRICTIONS** — REMARKS Closing Hour Req.

Closing Hour Granted \_\_\_\_\_

# THE COMMONWEALTH OF MASSACHUSETTS ALCOHOLIC BEVERAGES CONTROL COMMISSION

# Application for Alcoholic Beverage License for Retail Sale

City/Town:		
( ) New License ( ) Transfer of License ( ) Transfer of Stock	( ) New Officer/D ( ) Other(Speci	
1.		
Name to appear on the license	:	
Business name (d/b/a), if dif	ferent:	
Manager of Record:		FID of Licensee:
Address of Premises; Street:		Zip code:
Phone number of premises: (	)	
2. Type of license: (check only	one)	
ClubGeneral on premiseInnholder	Package store Restaurant Tavern	Veterans club Other(Specify)
3. License Category:	All Alcoholic Malt only Wiñe and Malt with Cord	Wine and MaltWine only ials Permit
1. License Class:	Annual	Seasonal
. Person (attorney if applicab	le) who can be contacted cond	cerning this application:
Name:		
Address:		
Phone number: ( )		·
. Give a full and complete des	cription of the premises to b	ne licensed, including location of all
a.		
Seating capacity:	Occupancy number:	
. Applicant is an:Associat	ionCorporatio	nIndividual
Partners	hipNon-profit	corporation

a. Is individual or are all partners United States citizens?  If no, specify citizenship:  D. Is individual or are all partners involved at least twenty-one years old?  YesNo  If the applicant is a corporation, complete the following:  State of Incorporation:  Date of Incorporation:  Fiscal Year Ends:  Date qualified to do business in MA:  A. How many shares of stock are authorized?  How many shares of stock are issued?  Shares of stock owned or	Full Name	Home Ad	dual or partnership: List for				
If no, specify citizenship:  Is individual or are all partners involved at least twenty-one years old?YesNo  If the applicant is a corporation, complete the following:  State of Incorporation:		nome A	41 655	<del></del>		.о.в.	SSN
If no, specify citizenship:  Is individual or are all partners involved at least twenty-one years old?YesNo  If the applicant is a corporation, complete the following:  State of Incorporation:							
If no, specify citizenship:  Is individual or are all partners involved at least twenty-one years old?  YesNO  If the applicant is a corporation, complete the following:  State of Incorporation:  Date of Incorporation:  Date qualified to do business in MA:  How many shares of stock are authorized?  How many shares of stock are issued?  Dovide in the box below the names of all officers, directors, stockholders and manager.  Shares of stock owned or ocontrolled of the specific of stock owned or ocontrolled owned or							
If no, specify citizenship:  Is individual or are all partners involved at least twenty-one years old?  YesNO  If the applicant is a corporation, complete the following:  State of Incorporation:  Date of Incorporation:  Date qualified to do business in MA:  How many shares of stock are authorized?  How many shares of stock are issued?  Dovide in the box below the names of all officers, directors, stockholders and manager.  Shares of stock owned or ocontrolled of the specific of stock owned or ocontrolled owned or						· <del></del>	<u> </u>
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If the applicant is a corporation, complete the following:    Date of Incorporation:	. Is indivi	dual or are all	partners United States citizen	ns?		Yes	No
If the applicant is a corporation, complete the following:    Date of Incorporation:   Date of Incorporation:	If no, sp	ecify citizensh	ip:			<del></del>	<del></del> -
If the applicant is a corporation, complete the following:    Date of Incorporation:   Date of Incorporation:					rs old?	Yes	No
Date of Incorporation:  Date qualified to do business in MA:  How many shares of stock are authorized?  How many shares of stock are issued?  Divide in the box below the names of all officers, directors, stockholders and manager.  Shares of stock owned or controlled of the fill Name of the Address of Stock owned or controlled of the Applicant is a corporation, answer the following questions:  1. Are the majority of directors United States citizens?  2. Are the majority of directors citizens of Massachusetts?  3. Is the manager or principal representative a U.S. citizen?  YesNo  If the applicant is an association, provide in the box below the names of all association officers abers.  itleFull NameHome AddressNo							
Date qualified to do business in MA:  How many shares of stock are authorized? How many shares of stock are issued?  Dide in the box below the names of all officers, directors, stockholders and manager.  Shares of stock owned or controlled  Title Full Name Home Address D.O.B. SSN SSN Controlled  Attach a copy of the vote by the Board of Directors appointing a manager or principal representative of the majority of directors United States citizens?YesNo  2. Are the majority of directors citizens of Massachusetts?YesNo  3. Is the manager or principal representative a U.S. citizen?YesNo  If the applicant is an association, provide in the box below the names of all association officers a bers.  itle Full Name Home Address D.O.B. SSN Phone							· · · · · · · · · · · · · · · · · · ·
Attach a copy of the vote by the Board of Directors appointing a manager or principal representative  If the applicant is a corporation, answer the following questions:  1. Are the majority of directors United States citizens?  2. Are the majority of directors citizens of Massachusetts?  3. Is the manager or principal representative a U.S. citizen?  If the applicant is an association, provide in the box below the names of all association officers abers.  If the applicant is an association, provide in the box below the names of all association officers abers.  It how many shares of stock are issued?  Shares of stock one issued?  Shares of stock overed in the stock of stock of stock are issued?  Shares of stock overed in the stock overed in the stock overed or controller.  Shares of stock overed in the stock overed or controller.  Shares of stock overed in the stock overed or controller.  Shares of stock overed in the stock overed or controller.	State of Inc	orporation:	Da	te of Incor	poration:		
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Shares of stock owned or controller.  Attach a copy of the vote by the Board of Directors appointing a manager or principal representative. If the applicant is a corporation, answer the following questions:  1. Are the majority of directors United States citizens?  2. Are the majority of directors citizens of Massachusetts?  3. Is the manager or principal representative a U.S. citizen?  4. YesNo  5. If the applicant is an association, provide in the box below the names of all association officers anders.  5. Title Full Name Home Address D.O.B. SSN Phone	. How many s	hares of stock	are authorized?	How many sh	ares of st	ock are iss	sued?
Shares of stock owned or controller.  Pitle Full Name Home Address D.O.B. SSN SSN controller.  Attach a copy of the vote by the Board of Directors appointing a manager or principal representative. If the applicant is a corporation, answer the following questions:  1. Are the majority of directors United States citizens?	ovide in the	box below the	names of all officers, directo	rs, stockho	lders and	manager.	
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Owned or controlled.  Attach a copy of the vote by the Board of Directors appointing a manager or principal representative. If the applicant is a corporation, answer the following questions:  1. Are the majority of directors United States citizens?yesNo  2. Are the majority of directors citizens of Massachusetts?yesNo  3. Is the manager or principal representative a U.S. citizen?yesNo  If the applicant is an association, provide in the box below the names of all association officers and the company of							Shares of
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2. Are the majority of directors citizens of Massachusetts? Yes No  3. Is the manager or principal representative a U.S. citizen? Yes No  If the applicant is an association, provide in the box below the names of all association officers and the second of							
3. Is the manager or principal representative a U.S. citizen?  YesNo  If the applicant is an association, provide in the box below the names of all association officers and the second of the sec	. If the app				Yes	N-	0
If the applicant is an association, provide in the box below the names of all association officers and the state of the st	. If the app	the majority of	directors United States citizen	ens?		<del></del>	
ritle Full Name Home Address D.O.B. SSN Phone	. If the app 1. Are (	the majority of	directors United States citized directors citizens of Massach	ens?	Yes	N	o
Findle	1. Are (  2. Are (  3. Is the approximation of the approximation)	the majority of the majority of ne manager or p	directors United States citized directors citizens of Massach	ens? usetts? citizen?	Yes	N	o ·
Findle	2. Are 1	the majority of the majority of ne manager or p	directors United States citized directors citizens of Massach	ens? usetts? citizen?	Yes	N	o ·
	If the app 1. Are ( 2. Are ( 3. Is the appropers.	the majority of the majority of ne manager or p licant is an as	directors United States citized directors citizens of Massach rincipal representative a U.S. sociation, provide in the box	ens? usetts? citizen?	Yes Yes ames of al	N	o on officers an
	If the app 1. Are ( 2. Are ( 3. Is the appropers.	the majority of the majority of ne manager or p licant is an as	directors United States citized directors citizens of Massach rincipal representative a U.S. sociation, provide in the box	ens? usetts? citizen?	Yes Yes ames of al	N	o . on officers an
	2. Are (  3. Is the approper of the approper o	the majority of the majority of ne manager or p licant is an as	directors United States citized directors citizens of Massach rincipal representative a U.S. sociation, provide in the box	ens? usetts? citizen?	Yes Yes ames of al	N	o . on officers an
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11. Will there be any cons	truction, remodeling, re	edecorating or building on the premises for this license , and d)
a. Give an exact des	scription of the constru	action, remodeling, redecorating or building on the
b. What are the esti	mated costs?	
		ing:
12. Do you own the premises	? Yes No. If	yes, please respond to the question below.
As an individual	Jointly	Name of Realty Trust
	N.	ame of Corporation
(specify)		
(If you are do not own the	premises to be licensed	, provide the following information about the owner.)
Name:	Phon	ne number: ( )
Address:		
(provide a copy of the	lease.)	date of lease
13. What assets were purcha		nancial .
Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$
13a.		
Total Purchase Price: \$		
13b. Identify in the box below a	ll sources of financing?	<b>?</b>
Mortgage: \$		Seller: \$
Cash: \$		Other (specify): \$
Document all sources e.g.,	Loan papers, checking a	accounts, stock sales, etc.)
13c.		
All other terms and condit	ions:	
(provide purchase and sale	documents)	
13d. Are you seeking approva	al for license to be ple	edged?YesNo
If yes, to whom?		

13e. Will the	inventory be	pledged?	Yes	No		
If yes,	specify to who	om			•	ı
13f. If a corp	poration, are corporate stoc	you seeking approval k to be pledged?	Yes	No		·
If yes, i	identify to wher of shares t	om and identify o be pledged.				
			·			
		OWNERSHIP II				
14. State the beneficial or	following info	ormation for all persons or erest in this license:	entities who w	ill have an	y direct or	indirect
Full Name	Home a					
			D.	O.B.	SSN	Phone Number
L						
ļ						
14a. Describe a	all types of b	eneficial or financial inter	est each perso	D or entity	. identified	i- 0
14 will have in	this license			- or energy	rdencified	in Question
Person or ent	ity Benefi	cial or financial interest				i
				·		
			N		·	
14b. Does any pe	erson or entit	y listed in Question 14 have	any direct or			
interest in anyYes	other license	granted under Chapter 138? (If yes, provide the follow				r financial
		the follows	ing for each pe	erson or en	tity.)	
Name	Type of license	License name and address		_		
		name and address		vescriptio	n of Interes	t .
			·			· · · · · · · · · · · · · · · · · · ·
	L					

.

	7		
Name	Type of License	License name and address	Date ownership surrendered
			surrendered
ld. Describe on-renewal,	how all licenses: surrender, etc.):	identified in Question 14c were terminated (e.g. tra	ansfer of ownership,
Date	License	Reason why the license was terminated	
3			
No	(If yes, provide	amed in Question 14 ever had a license suspended, re the following information)	Y
No	•		Y
No	(If yes, provide	the following information)	Y
No Date  f. Has any plitary law?	License  Decreon or entity na  Yes	Reason why the license was suspended, revoked,  med in Question 14 ever been convicted of violating  No (If yes, attach a statement of detail	You cancelled
No Date  f. Has any plitary law?	License  person or entity na  Yes  Each individual applica	Reason why the license was suspended, revoked,  med in Question 14 ever been convicted of violating  No (If yes, attach a statement of detail	or cancelled
No Date  f. Has any plitary law?  a. b.	License  Derson or entity na  Yes  Each individual applica  Applications by a partn	Reason why the license was suspended, revoked,  med in Question 14 ever been convicted of violating  No (If yes, attach a statement of detail  int must sign.  ership must be signed by a majority of the partners.	or cancelled  any state, federal or
f. Has any plitary law?  a. b. c.	License  Derson or entity na  Yes  Each individual applica  Applications by a partn  Applications by a corpo  Directors.	Reason why the license was suspended, revoked,  med in Question 14 ever been convicted of violating  No (If yes, attach a statement of detail  ant must sign.  ership must be signed by a majority of the partners.  ration must be signed by an officer authorized by a vote of the convicted by a	or cancelled  any state, federal of
No Date  f. Has any plitary law?  a. b. c. d.	License  License  Person or entity na  Yes  Each individual applica  Applications by a corpo  Directors.  Applications by an asso	Reason why the license was suspended, revoked,  med in Question 14 ever been convicted of violating  No (If yes, attach a statement of detail  ant must sign.  ership must be signed by a majority of the partners.  ration must be signed by an officer authorized by a vote of the operation must be signed by a majority of the members of the government.	or cancelled  any state, federal or  ls.)  corporations Board of
No Date  f. Has any plitary law?  a. b. c. d.	License  License  Derson or entity na  Yes  Each individual applica  Applications by a partn  Applications by a corpo  Directors.  Applications by an asso  must have answered qu	Reason why the license was suspended, revoked,  med in Question 14 ever been convicted of violating  No (If yes, attach a statement of detail  ant must sign.  ership must be signed by a majority of the partners.  ration must be signed by an officer authorized by a vote of the operation must be signed by a majority of the members of the government.	or cancelled  any state, federal or  corporations Board of  verning body. All signe
No Date  f. Has any plitary law?  a. b. c. d. e.	License  License  Derson or entity na  Yes  Each individual applica  Applications by a corpor  Directors.  Applications by an assomust have answered questions or fails	Reason why the license was suspended, revoked,  med in Question 14 ever been convicted of violating  No (If yes, attach a statement of detail  ant must sign.  ership must be signed by a majority of the partners.  ration must be signed by an officer authorized by a vote of the original contents of the government of th	or cancelled  any state, federal or  corporations Board of  verning body. All signe
No Date  f. Has any plitary law?  a. b. c. d. e.	License  License  Derson or entity na  Yes  Each individual applica  Applications by a corpor  Directors.  Applications by an assomust have answered questions or fails	Reason why the license was suspended, revoked,  med in Question 14 ever been convicted of violating  No (If yes, attach a statement of detail  ant must sign.  ership must be signed by a majority of the partners.  ration must be signed by an officer authorized by a vote of the contact of the signed by a majority of the members of the government of the g	or cancelled  any state, federal or  corporations Board of  verning body. All signe
No Date  f. Has any plitary law?  a. b. c. d. e.	License  License  Derson or entity na  Yes  Each individual applica  Applications by a partn  Applications by a corpo  Directors.  Applications by an asso  must have answered que  False information or false  subscribed to un	Reason why the license was suspended, revoked,  med in Question 14 ever been convicted of violating  No (If yes, attach a statement of detail  ant must sign.  ership must be signed by a majority of the partners.  ration must be signed by an officer authorized by a vote of the contact of the signed by a majority of the members of the government of the g	or cancelled  any state, federal or  corporations Board of  verning body. All signe

#### BUILDING DEPARTMENT CLEARANCE

Date Issued		
Dute Expires	ALCOHOLIC BEVERAGES LICENSE	
Seating Capacity		
	Application No License No	
OTHER LICENSES	Class	
	Ward Prec Div	
	Tel. No Zip Code	•
	Name	
	Address	
·		
	Board's Action	-
	GRÁNTED	
	REJECTED	
	RECONSIDERED	
	<u> </u>	
	Approved by ABCC	
		•
•		Closing Hour Req.
	Attorney Filing	Closing Hour Granted
	•	
	Rec'd By Fcc Receipt No	X-55

APPLICANTS MUST NOT FILL IN THIS SIDE

RESTRICTIONS — REMARKS

(L.B. Form II)

#### LICENSING BOARD FOR THE CITY OF BOSTON

Room 809, City Hall, Boston, Mass. 02201

Date	20	
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### FINANCIAL DISCLOSURE FORM

ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS FORM FOR ALL TRANSFERS OF INTERESTS, PLEDGES OF ANY KIND, AND FOR NEW APPLICATIONS.

CORPORATION, INDIVIDUAL OR PARTNER'S NAME(s)	ADDRESS	CITY OR TOWN ZIE
PLEASE SPECIFY WHAT WAS PURCE ALicense \$  BStock of Corp. CReal Estate  DAssets of Corp. E  Total Purchase Price \$		THEREOF:
FINANCING  A. Cash Down Payment \$  B. Loan #1		
FOR LOAN TRANSACTION AS APP PLEASE SHOW:  A. Amount of Loan  B. Payee's Name and Address	LOAN # 1 \$	LOAN # 2 S
C. Guarantor's Name and Address		
D. Security for the Loan(s)		
. IF APPLICANT LEASES THE PRE: WHOM SUCH PAYMENTS ARE MA A. Name and Address of Lessor	MISES, LIST THE LESSOR DE IF OTHER THAN THE	LESSOR.
B. Name and Address of Lessee	· · · · · · · · · · · · · · · · · · ·	
C. Annual Rent S  D. Name and Address of Payee other than Lessor		
SIGNED AND SUBSCRIBED TO UNDED  DAY OF		TIES OF PERIURY THIS

FORM C-1

# THIS FORM FOR FINANCING

IS LICENSE PART OF COLLATERAL: (Using Liquor License To Secure Financing)	YES	по 🗆		
PURCHASE PRICE:				
WHAT ASSETS WERE PURCHASED:	PREMISES EQUIPMENT GOOD WILL		FURNITURE INVENTORY	
OTHER ASSETS:		- <del></del>		
NAME OF PURCHASER(S):				
HOW FINANCED: \$(Cash - L	oans - Mortgage - Bank -	Seller - etc.)		
PREMISES: OWNED LEASED NAME AND MONTHLY TERMS.	. RENT	ED? IF LEA	SED OR RENT	ED OWNER'S
ANY ADDITIONAL INFORMATION THAT APPROVE THIS APPLICATION:				
	:			
SIGNED AND SUBSCRIBED UNDER PENA OF20	LTY OF PERJUR	Y THIS		DAY
BY: SIGNATURE:		ITLE:		

12/88



# The Commonwealth of Massachusetts The Alcoholic Beverages Control Commission 239 Causeway Street, Suite 200 Boston, MA 02114

Telephone: 617- 727-3040 FAX: 617- 727-1258

# FORM A LICENSEE PERSONAL INFORMATION SHEET

THIS	FORM MUST	BE COMPLETED FO	R EACH:	
	Α.	NEW LICENSE APP	LICANT	
	B. APPOINTMENT OR CHANGE OF MANAGER IN A CORPORATION			
	. C.	TRANSFER OF LICE	ENSE (RETA	AIL ONLY-SEC. 12 & SEC. 15)
(Pleas	e check which	transaction is the subject	ct of an applic	cation accompanying this Form A.)
		PLEASE TYPE C	OR PRINT A	LL INFORMATION
AL	L QUESTION			ELEPHONE NUMBERS PROVIDED OR BE ACCEPTED.
1.	LICENSEE NA	ME(NAME AS IT WI	LL APPEAR O	N THE LICENSE)
2.	NAME OF (PR	OPOSED) MANAGER	•	
3.	SOCIAL SECURITY NUMBER			
4.	HOME (STREET) ADDRESS			
5.		AND TELEPHONE NUMBE ched during the day).	R (S): (Give b	oth, your home telephone and a number at which
	DAY TIME # _			HOME#
6.	PLACE OF BIRTH: 7. DATE OF BIRTH:			7. DATE OF BIRTH:
8.	REGISTERED VOTER:YESNO 8A. WHERE ?:			
9.	ARE YOU A U	. S. CITIZEN:	YES	_ NO
10.		•		ABLE):s Voter's Certificate, Birth Certificate or

FATHER'S NAME:	12. MOTHER'S MAIDEN NAME:
IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): AN' ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION: YESNO (MUST CHECK EITHER YES OR NO)	
IF YES, PLEASE DESCRIBE OFFENSE (S) SPECE PENALTY, ETC.)	
PRIOR EXPERIENCE IN THE LIQUOR INDUSTR IF YES, PLEASE DESCRIBE:	Y:YESNO
FINANCIAL INTEREST, DIRECT OR INDIRECT, I OR CERTIFICATE: YES	IN THIS OR ANY OTHER LIQUOR LICENSE, PERM
IF YES, PLEASE DESCRIBE:	*
EMPLOYMENT FOR THE LAST TEN YEARS (Date Telephone	tes, Position, Employer, Address and if known, e Numbers):
HOURS PER WEEK TO BE SPENT ON THE LICE	NSED PREMISES:
I HEREBY SWEAR THAT UNDER THE PAINS AN	
BY:	
PROPOSED MANAGER SIGNATU	JRE DATE

F:\FILES\MAUREEN.1\MAUREEN\FORMS\FORMA.WPD

#### CONFIDENTIAL

#### LICENSING BOARD FOR THE CITY OF BOSTON Room 809, City Hall, Boston, Mass. 02201

	DATE:	
CRI	MINAL RECORD INFORMATION FOR	RM
Managers, Stockh	olders, Officers and Directors of Corpora	ation and Others
NAME OF CORPORATION	<b></b>	
NAME	ALIAS, IF ANY	
ADDRESS		ZIP CODE
OCCUPATION	·	
BIRTHPLACE	DATE OF BIRTH	
	MOTHER'S NAME _	
HUSBAND OR WIFE'S NAM	1E	
more years prior to the filing of for the purpose of furnishing	sdemeanors including: drunkenness, simp sturbance of the peace and such offer of this application you may be considered this department information as to your constant	nses were disposed of ten or ed to have "NO RECORD" riminal record.
I		APPLICANT FOR A
VIOLATION OF A STATE C  I  THAT I HAVE NO RECORD	EBY STATE THAT I HAVE NOT EDR FEDERAL NARCOTIC LAW.  OF CRIMINAL CONVICTIONS IN A	do hereby state
COURT EXCEPT THOSE LI	STED AS FOLLOWS:	
ITUAT I HAVE NO DENDIN	G CRIMINAL CHARGES AGAINST M	do hereby state
VIOLATIONS IN ANY ST FOLLOWS:	ATE OR FEDERAL COURT EXCE	PT THOSE LISTED AS
SIGNED AND SUBSCRIBED	TO UNDER THE PAINS AND PENAL PRINT LAST NAME	
DAY, OF	,20BY:	
ANY STATEMENTS CONTA	AINED HEREIN FOUND TO BE UNT AND/OR REVOCATION OF ANY LICE	RUE SHALL BE CAUSE ENSE GRANTED TO THE

APPLICANT OR CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT.

#### **CONFIDENTIAL**

#### LICENSING BOARD FOR THE CITY OF BOSTON Room 809, City Hall, Boston, Mass. 02201

	DATE:
CRIMIN	NAL RECORD INFORMATION FORM
Managers, Stockholde	ers, Officers and Directors of Corporation and Others
NAME OF CORPORATION	
NAME	ALIAS, IF ANY
	ZIP CODE
	DATE OF BIRTH
	MOTHER'S NAME
HUSBAND OR WIFE'S NAME	
traffic violations, affray or distur more years prior to the filing of th	meanors including: drunkenness, simple assault, speeding, minor bance of the peace and such offenses were disposed of ten on its application you may be considered to have "NO RECORD" department information as to your criminal record.
I	APPLICANT FOR A
CITY OF BOSTON, HEREBY VIOLATION OF A STATE OR F	do hereby state F CRIMINAL CONVICTIONS IN ANY STATE OR FEDERAL
I	do hereby state
THAT I HAVE NO PENDING (	CRIMINAL CHARGES AGAINST ME FOR ANY CRIMINAL E OR FEDERAL COURT EXCEPT THOSE LISTED AS
	O UNDER THE PAINS AND PENALTIES OF PERJURY THIS
DAY, OF	,20BY:
ANY STATEMENTS CONTAIN	ED HEREIN FOUND TO BE UNTRUE SHALL BE CAUSE

FOR THE CANCELLATION AND/OR REVOCATION OF ANY LICENSE GRANTED TO THE

APPLICANT OR CORPORATION IN WHICH HE IS A PRINCIPAL OR AGENT.

(L.B. Form 14)

• **(** 

#### LICENSING BOARD FOR THE CITY OF BOSTON Room 809, City Hall, Boston, Mass. 02201

		DATE	20
AFFIDAVIT OF	NOTICE TO	ABUTTERS AND OT	HERS
To the Licensing Board for the City of Boston:			
1		hereby certify that the i	ollowing is a true list
of the persons shown upon the Assess	or's most recent	valuation list as the owners of the p	roperty abutting the
proposed location for an alcoholic bev	verages license at		
	. •		
	·		
	•		
• •	•		
and that the following schools, church said proposed location:	es or hospitals are	e located within a radius of five hun	dred (500) feet from
	•		
If there are none, please so state			
I also certify that notice of this applica above by mailing to each of them with of said application/petition, a copy of receipts/return registered receipts bear	in three days afte which advertisen	er publication of the same, a copy onent is attached below. Also attached	of the advertisement
Signed and subscribed to under the pair	ns and penalties o	f perjury this	day
of	, 20	-)	
	Printed:		
	Written:	(authorized individual, manager, or corporate office	r)
ATTACH ADVERTISEMENT AND RECEIPTS HERE			

My Commission expires\_\_\_\_\_\_\_20\_\_\_\_\_

# INSTRUCTIONS FOR NOTIFICATION TO ABUTTERS

- Go to Engineering Office in the Assessing Department to find out which parcels of real estate abut the licensed premises and whether or not there are any schools, churches or hospitals within 500 feet of the premises. The Engineering Department is located in Room 301, City Hall.
- 2. From the Assessors most recent list, find out the names and mailing addresses of the abutters and others.
- 3. List the abutters and others on the other side of this form.
- When the legal notice is published the newspaper will mail several copies of the advertisement to you. Upon receipt of these "tear slips" you should send one by certified mail to each of the persons or organizations listed.
- 5. Bring this completed form to the hearing along with the post office receipts or the return receipts which are mailed back to you.

-20\_\_\_\_ At a meeting of the Board of Directors of \_\_\_\_\_on\_\_\_ it was duly voted that the Corporation apply to the Licensing Board for the City of Boston for a\_\_\_\_\_ license, for the year\_\_\_\_\_to be exercised on the premises located at\_\_\_\_\_ "VOTED: To authorize\_ to sign the application for the license in the name of\_\_\_\_\_\_ to execute in its behalf any necessary papers, and to do all things required relative to the granting of the license." "VOTED: To appoint\_ as its manager or principal representative, with as full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Clerk of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G. L." This is to certify that a majority of the directors of\_\_\_\_\_\_\_ a Corporation duly organized under the laws of.... are residents of the Commonwealth of Massachusetts and citizens of the United States. This Corporation has been dissolved. A TRUE COPY **ATTEST** Clerk



At a meeting of the Board of Dire	ectors of
held at	on20
it was duly voted that the Corporation app	oly to the Licensing Board for the City of Boston for a
license, for the yearto be	exercised on the premises located at
	name of
to execute in its behalf any necessary paper	rs, and to do all things required relative to the granting of the license."
Corporation and of the conduct of all businesse and exercise if it were a natural person	with as full authority and control of the premises described in the license of the ness therein relative to alcoholic beverages as the licensee itself could in any way on resident in the Commonwealth of Massachusetts and that a copy of this vote ion and delivered to said manager or principal representative shall constitute the up. 138, G. L."
This is to certify that a majority of the	he directors of
a Corporation duly organized under the law are residents of the Commonwealth of Ma	ssachusetts and citizens of the United States.
This Corporation has	been dissolved.
A TRUE COPY ATTEST	
	Clerk